Fully blown Aids oases by Madras Medical College Mains

237. SHRI SHIV PRATAP MISHRA; WiU the Minister of HEALTH! AND FAMILY WELFARE be plea-sed to state:

(a) whether it is a fact that the ICMR, AIDS surveillance Centre, Madras Medical College, Madras Jw recovered a full blown AIDS; case cnce in eight days; and

(b) if so, what are the details thereof;

(c) whether it is also a fact that most of these people belong to the lower middle classes and from the rural areas; and

(d) if so, the details thereof and what preventive measures Govern ment propose to take in the matter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) No Sir. The number of AIDS cases detected in Madras Medical College, Madras from 1980 to January, 1993 is 47.

(c) It has been reported that most of the patients detected were from urban and semi-urban areas and belonging to lower middle classes.

(d) The Government have chalked up a multi-sectoral National Programme to prevent and control HTV7 AIDS i_n the country with the assistance of World Bank and WHO. The pro gramme estimated to cost about Rs. 222.6 crores during the Eighth Five-Year Plan Period, has the following components:

—Strengthening the Management capacity for HTV control of the central as well as State level";

—Promoting Public awareness and community support;

—Improving Blood Safety and the rational use of blood;

—Controlling Sexually Transmitted Diseases; and

—Building surveillance and clinical management capacity;

Action on all these components has commenced during the current Financial year.

National Drag Authority

238. PROF. SAURIN BHATTA-CHARYA; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Drug Policy of 1986 provides for a National Drug Authority and if so, whether it has since been formed;

(b) if not, the reasons therefor; and

(c) by when it is likely to be set up?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) to (c) Yes, Sir. It has not been considered feasible to set up such an Authority. It has, however, been decided Co strengthen and upgrade the Drugs Standard Control Organisations, tooth at the Central and State levels?

Appointment of a Qualified Director to the National Institute of Homoeopathy in Calcutta

239. PROF. SAURIN BHATTA-CHARYA: WiU the Minister of HEALTH AND FAMILY WELFARE b_e pleased to state:

(a) whether it is a fact that the appointment of the Director of the National Institute of Homoeopalhy in Calcutta has been withheld to the detriment of teaching and Research; and

(b) what steps have been taken to appoint a properly qualified Director on a substantive basis so that the Institute may serve the pmpose for which it was set up?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b)

The *post* has fallen vacant since 1-2-93 and steps are being taken to fill it up on regular basis.

Code of Medical Ethies

240, SHRI V. RAJESHWAR RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state-

(a) whether a Code of Medical Ethics exists in India;

(b) if so, what is this Code;

(c) which is the agency which en. forces this Code; and

(d) How many cases of violation of this Code have been detected dur ing the last 3 years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes. Sir.

(b) and (c) The Medical Council of India and the State Medical Co-^tacils have framed a Code of Medical Ethics to regulate the medical profession in the country, which is supposed to be observed by all per. sons whose names are borne on the Indian Medical Register. The Code of Medical Ethics is approved by the Central Government u/s 33 of the Indian Medical Council Act, 1956.

(d) As per information prwidad by the Medical Council of India, out of 300 complaints received, only in 3 cases violation has been detected and action taken so far.

Pregmaney related deaths

241. SHRI SHANTI TYAGI: Will the Minister of HEALTH AND FA MILY WELFARE be pleased to state:

(a) whether Government has seem a press report of the recently held 36th All India Congress of Obstet-rises and Gynaecology where it was stated that nearly 125,000 women die due to pregnancy related causes annually; and

(b) if so, what programme Gov. emment has launched or proposes to start to bring down the aforesaid maternal mortality?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B SH-ANKARANAND): (a) Yes, Sir.

(b) The Department of Family Welfare has undertaken several interventions to reduce maternal mortality rates in the country. These include '•—

1. Universal Immunization Programme — Two doses of tetanus toxoid are given in the ante-natal period to protect women against tetanus.

2. Maternal and Child Health — Iron and folic acid tablets are provided as a prophylaxis against anaemia. In the basic training programmes of the female health workers, screening of pregnant women with high risk factors and their referral for medical care nas been included. Over 5 lakh traditional birth attendants have bee$_n$ trained foy providing clean delivery servi-

3. A new Child Survival and Safe Motherhood Programme (CSSM) has been launched in. 1992-93 at a total cost of Rs. 1125 crores. It will be implemented throughout the country in phases over a period of 7 years. Addi-tional funds hav\e bee$_n$ provided to the states to supply disposable delivery kits to pregnant women to be used by the attendant during delivery to ensure clean delivery. Birth spacing ig being promoted as a measur$_e$ to reduce maternal mortality as the risks of maternal deaths are higher in areae with high fertility rates.

51 selected districts have been t*-ken up under the CSSM Programme in 1992-93. Medical Omeers and peripheral health staff hav$_e$ been re-tained to improve quality and cover-age of the services. Midwifery kits have been supplied to the female health workers